

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 573700

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	3					
5	3					
6	3					
7	3					
8	3					
9	3					
10	3					
11	1					
12	0					
13	0					
14	0					
15	0					
16	0					
17	0					
18	1					
19						
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50						
TOTAL IND.	2					
TOTAL DEP.	26	←	←	←		
TOTAL CLAIMS	28					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		←	←	←		
TOTAL CLAIMS						